2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000027094

1. Entity Name
STAFFING CONCEPTS V, INC.



Principal Place of Business

4224 W. HENDERSON BLVD. TAMPA, FL 33629-5611 US Mailing Address

4224 W. HENDERSON BLVD. ATTN: LEGAL DEPT. TAMPA, FL 33629-5611 US

FILED Mar 01, 2005 08:00 AM Secretary of State



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02082005 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
57-1154617	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, JOSEPH C 4224 W. HENDERSON BLVD. TAMPA, FL 33629-5611

DO NOT WRITE IN THIS SPACE

				11 %	THO OF AGE
	named entity submits this statement for the points of registered agent.	ا urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	J Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	1400000247182 03701705-80012-003 150.00
10.	OFFICERS AND DIREC	TORS	J		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	P/D HARDIN, HENRY C III 1140 OLD PEACHTREE RD., STE. D DULUTH, GA 30097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ, JOSEPH C 4224 W. HENDERSON BLVD. TAMPA, FL 336295611				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

allybs

rg-1268-0293